

PTO/SB/81 (11-04)

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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	THEODOR GASSMANN, ET AL
Title	TRANSFER BOX WITH CROWN TEETH
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1285 PCT

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	HEINZWILLI FUCHS	Date	12.7.06
Name	<i>Heinz Willi Fuchs</i>	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Signature

THEODOR GASSMANN

Date

30.6.06

Name

Telephone

Title and Company

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